

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 389

Township Raw

Primary Registration District No. 389

City Kansas City, Mo.

(No. General Hospital)

File No. 24378

Registered No. 24378

St. Ward

2. FULL NAME

H. G. Sigman

(a) Residence, No. 4605 Thaine St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Sigman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1901</u>		
7. AGE YEARS <u>32</u>	MONTHS <u>11</u>	DAYS <u>9</u>
If LESS than 1 day,hrs. ormin.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Adv. Salesman</u>	11. Total time (years) spent in this occupation <u>17</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>K-C. Star</u>	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocky Ford, Colo.

13. NAME H. G. Sigman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Ada Helden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

17. INFORMANT M. H. Sigman

(ADDRESS) 4905 Thaine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ignace DATE July 6, 1934

19. UNDERTAKER W. J. Anderson

(ADDRESS) 3511 Broadway

20. FILED July 4, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3/34

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1934 to July 3, 1934

I first saw him July 3, 1934 at Deputy Corona Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bullet wound through head, entering just below right ear, traversing a horizontal canal through brain with exit in back of head.

Other contributory causes of importance: Receptacle area

Name of operation 184 Date of 1934

What test confirmed diagnosis? 184 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 184 Date of injury 7/3/34

Where did injury occur? In kitchen of 4905 Thaine (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. KA Mo.

Manner of injury Accidental

Nature of injury gun shot pistol wound

24. Was disease, injury, in any way related to occupation of deceased? no

If so, specify no

(Signed) Deputy Corona

(Address) 3511 Broadway

Deputy Corona

